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# Implementation of a Primary Care Intervention to Improve Care for Women with Urinary Incontinence

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## Background

- Many women initially present to primary care clinician with complaint of urinary incontinence (UI)
- Current UI care is lacking in primary care setting
  - Appropriate care given less than half the time in primary care setting (Anger et al, 2013)



## Development of Quality Indicators for Women With Urinary Incontinence

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# Quality of Care Indicators

## General UI

1. UI-focused Hx
2. Hx of pharm rx
3. Symptoms severity
4. Pelvic exam
5. Urinalysis
6. Pelvic floor exercises

## Stress UI

7. Weight loss recommended
8. Pharmacologic rx not given
9. Treatment response documented

## Urge UI

10. Fluid intake hx
11. Behavioral modification
12. If Rx given, also rec behavioral modification

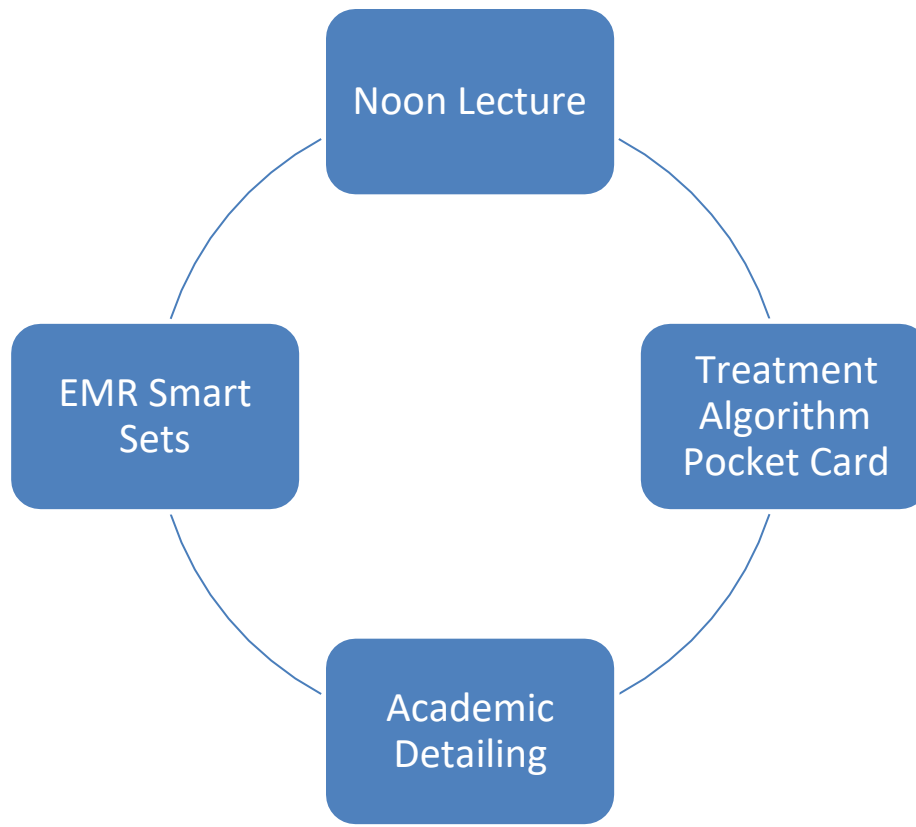


## Hypothesis & Aims

- **Hypothesis:** Improving primary care of UI may lead to
  - Better utilization of specialist care
  - Earlier initiation of treatment
  - Improved patient satisfaction
- **Aim:** Design & implement a pilot primary care intervention to improve care for women with UI

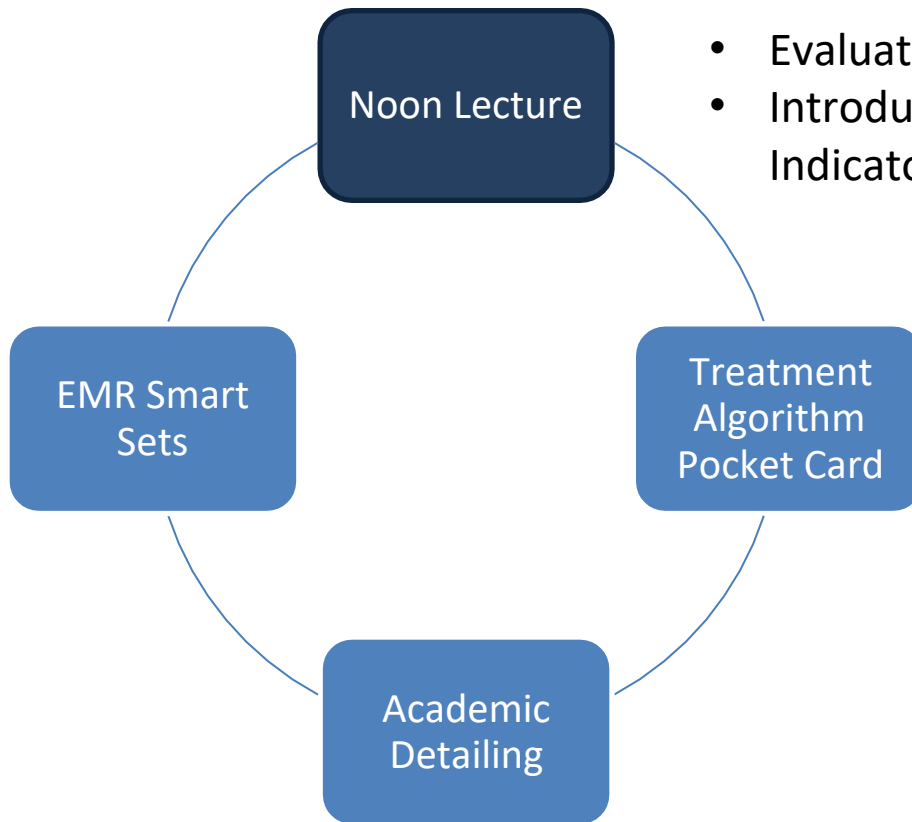


## Intervention Design





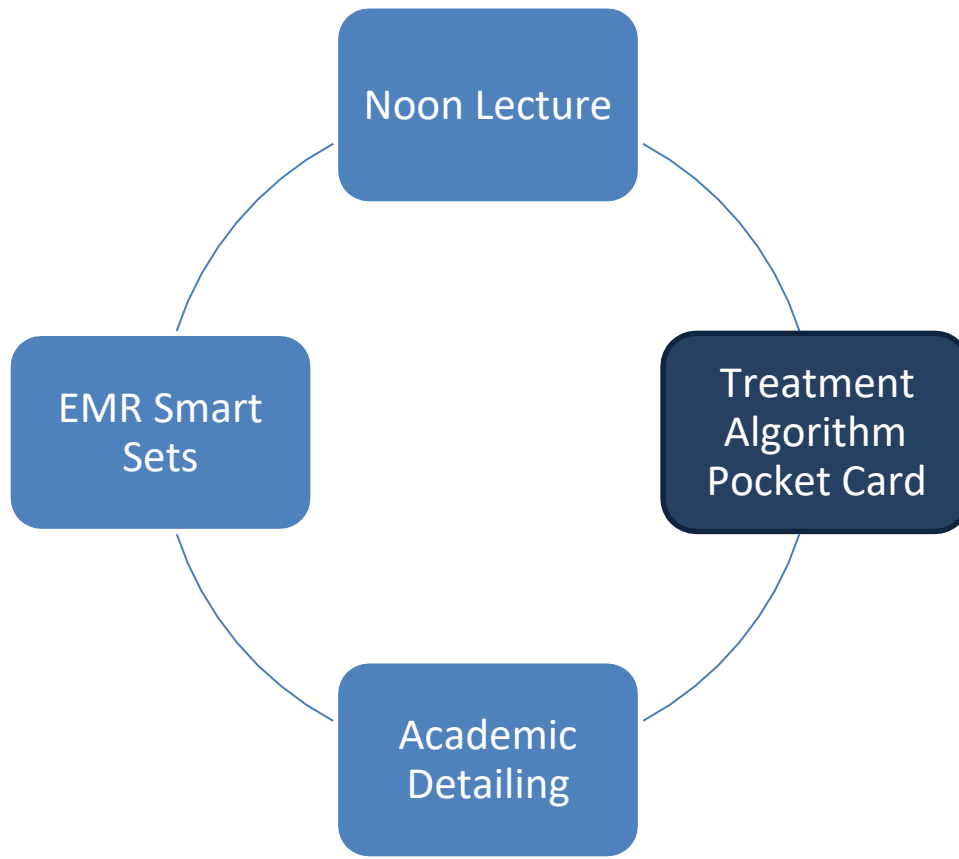
## Intervention Design



- Evaluation & Management of UI
- Introduction of Quality of Care Indicators



## Methods



## Urinary Incontinence Quality Indicators

### History

1. Focused History (leak with cough/laugh/sneeze vs. urgency, leaking at night)
2. Prior pharmacologic treatment
3. Symptom severity (bother, pads per day, # of episodes)
4. Fluid intake (amount and type)

### Physical

5. Pelvic Exam (Assess Kegel strength, prolapse, vaginal atrophy)
6. Urinalysis (microhematuria? UTI?)

### Plan:

#### *Stress Urinary Incontinence (Predominant)*

7. Weight loss (if overweight)
8. Pelvic floor exercises (Kegels)
9. Do *not* RX anticholinergic

#### *Urge Urinary Incontinence (Predominant)*

10. Behavioral Modification (fluid restriction, cut caffeine)
11. Pelvic floor exercises (Kegels)
12. Consider anticholinergic or beta 3 agonist
  - a) Start with lower dose, increase as tolerated

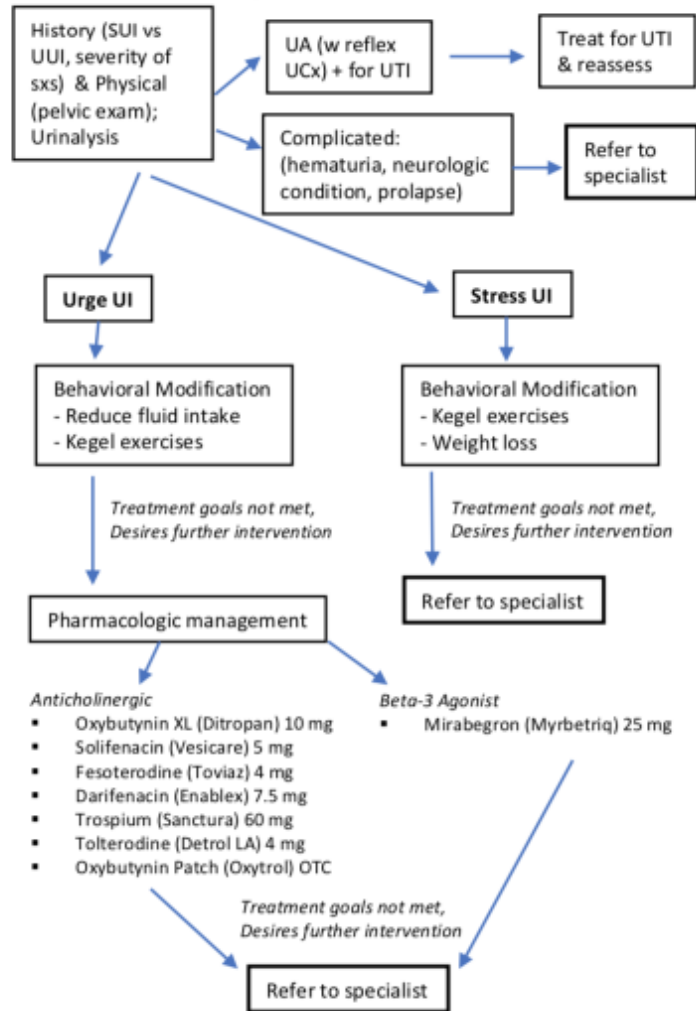
#### *Mixed Urinary Incontinence*

Treat predominant symptoms, consider combination of above

**Template:** .incontinenceROS / .incontinencePlan

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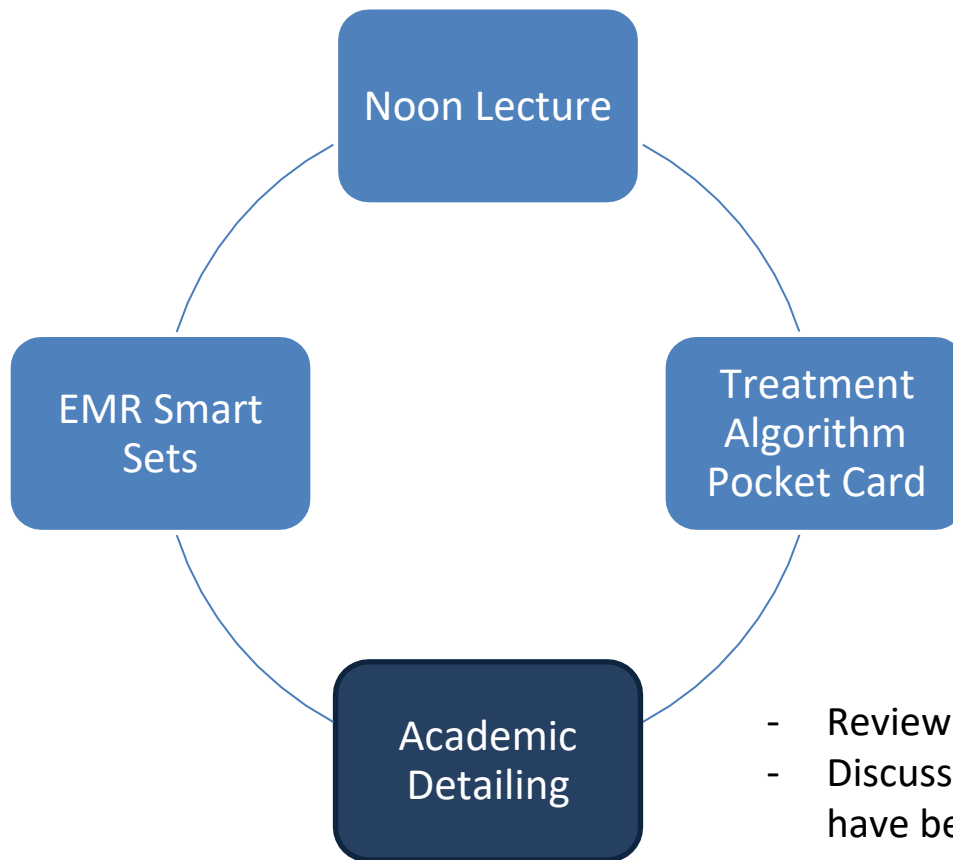
## Urinary Incontinence Pocket Guide







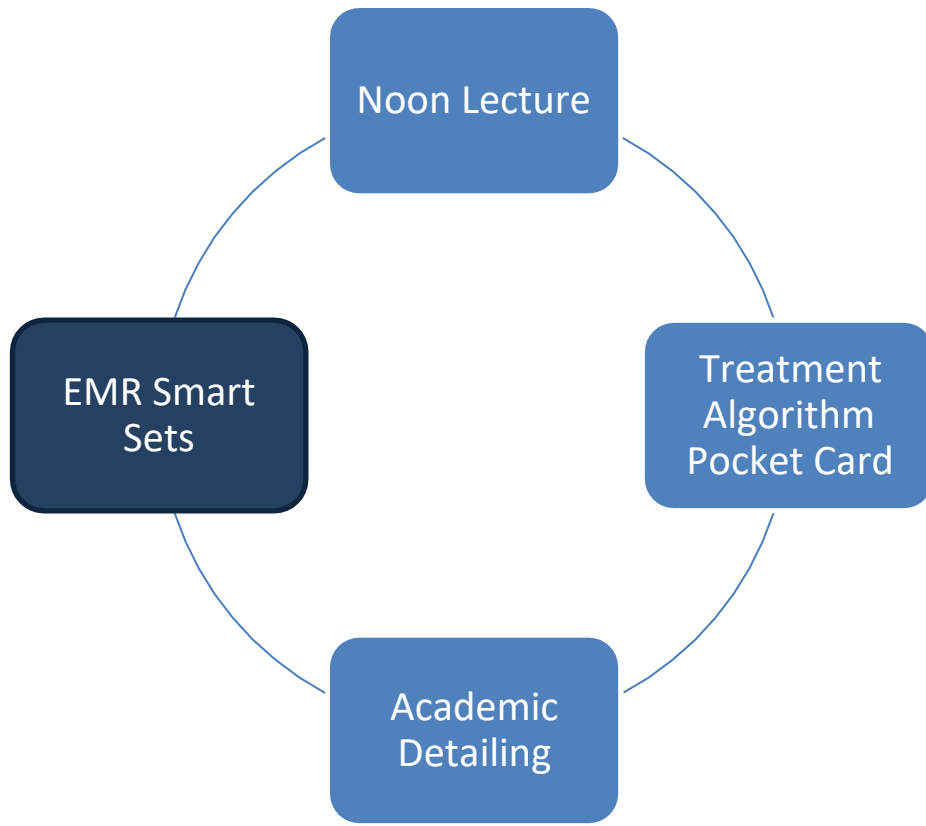
## Methods



- Review of charts
- Discussion of where care could have been improved



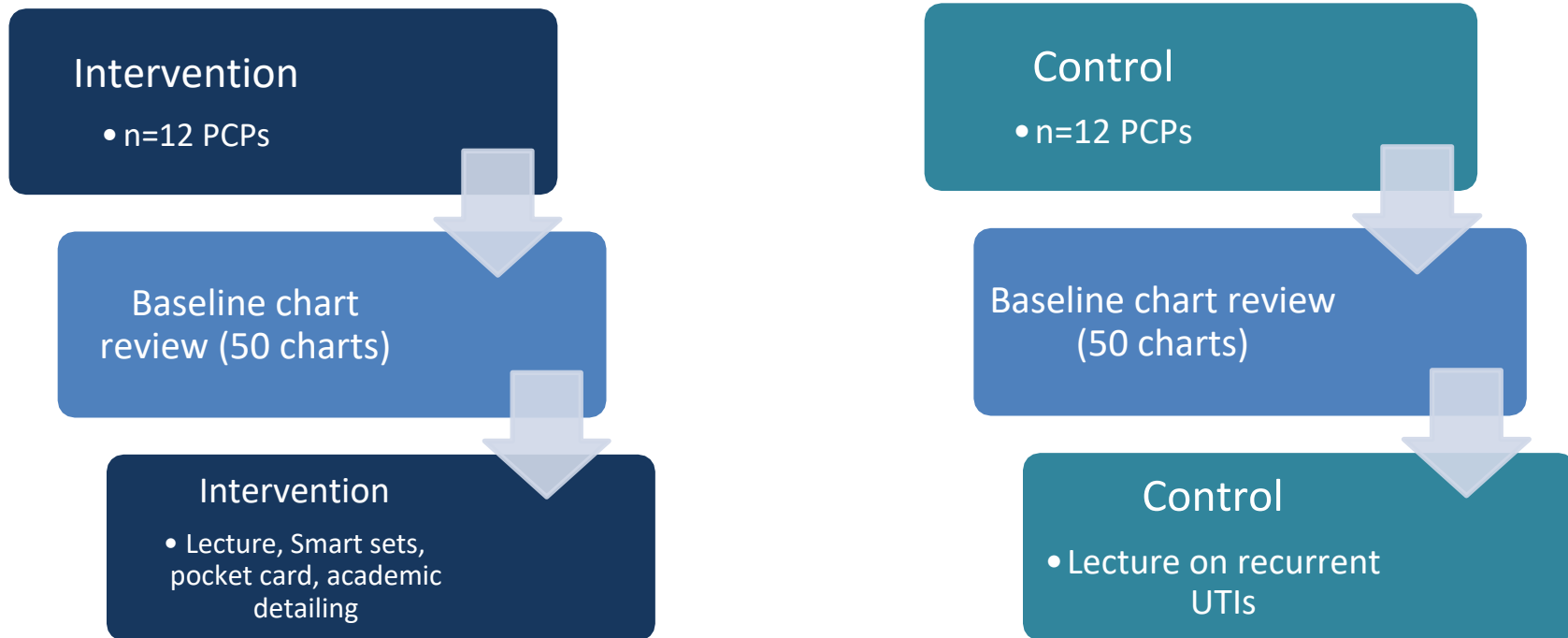
## Intervention Design



- Review of Systems
- Assessment & Plan

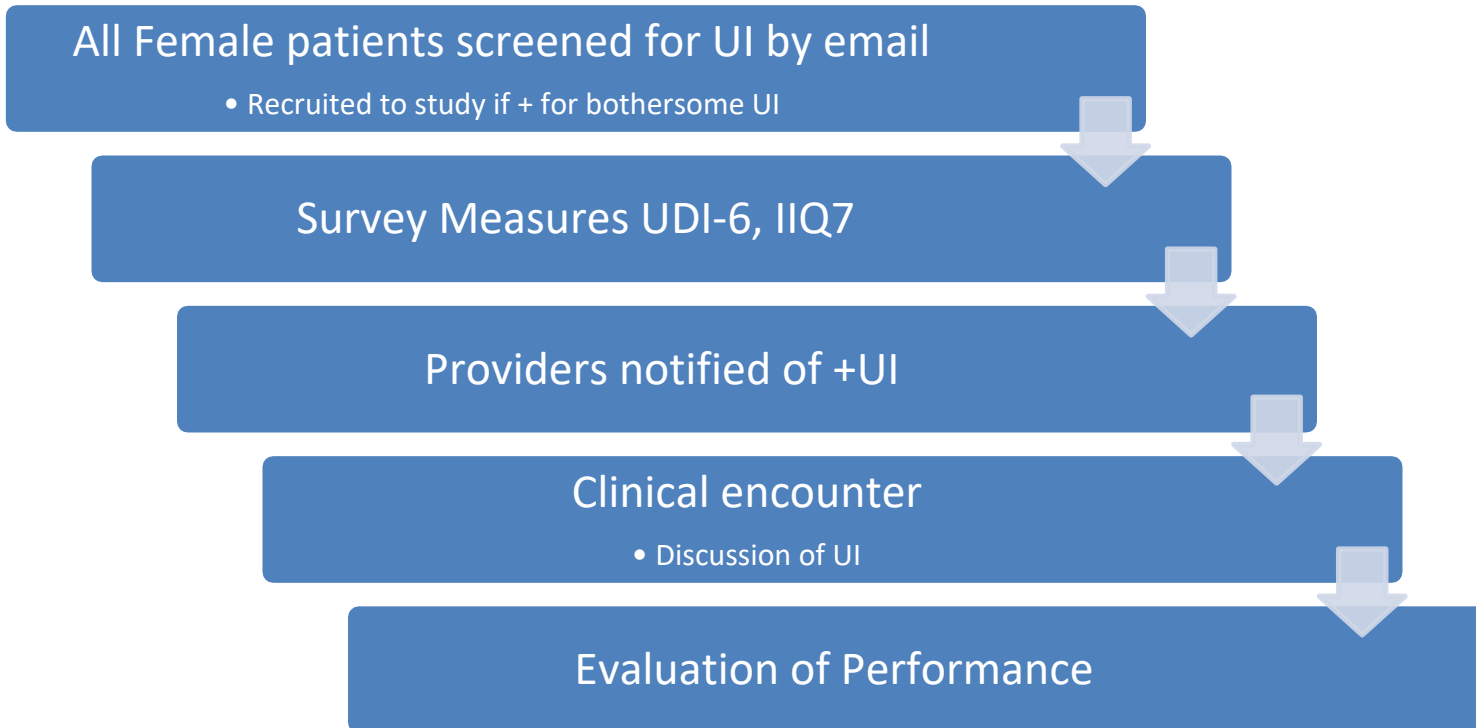


## Methods



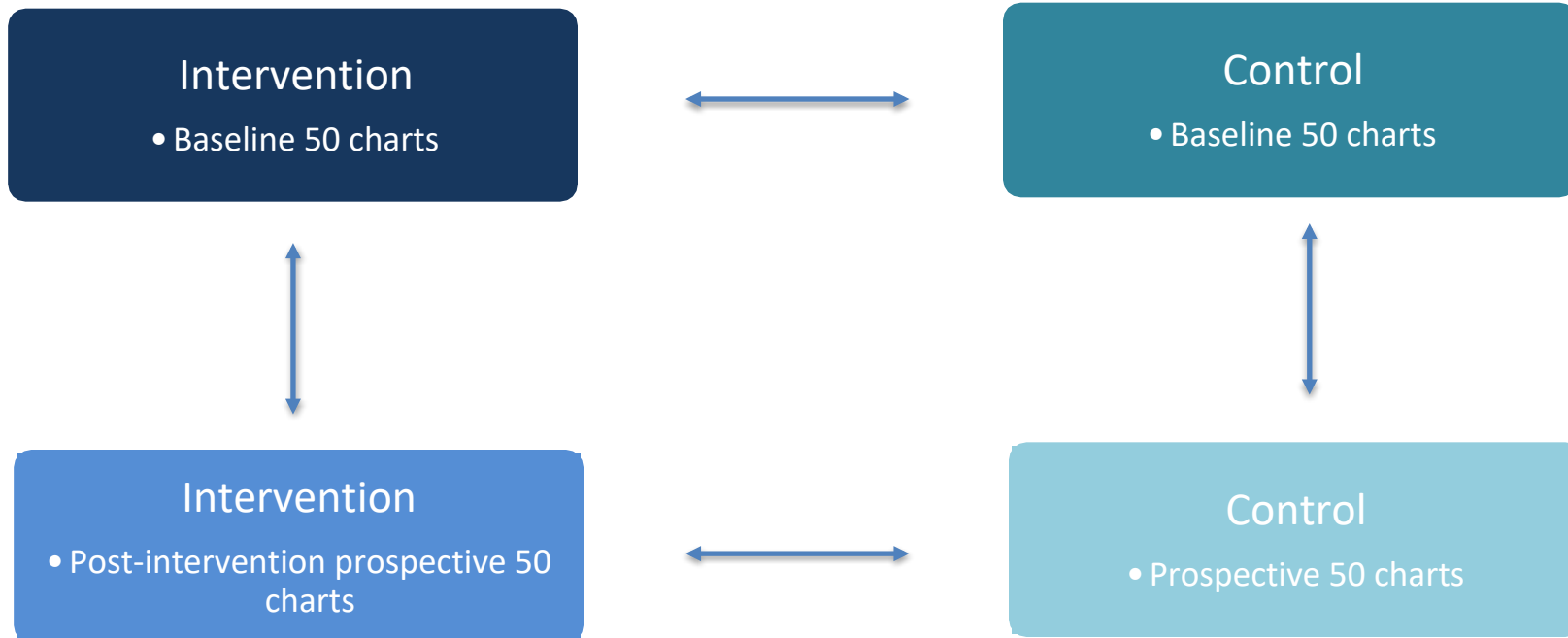


## Methods





## Methods





## Results

- Of women who reported bothersome UI (n=166), only 17% (n=29) discussed this with their primary care doctor
- No significant difference in adherence to QIs
- Referral rates decreased from 56% to 10% in intervention arm (vs 40% to 20% in control)



## Conclusions

- Primary care focused intervention feasible and well-received
- Difficulty in promoting UI discussion between PCP and patient
- Larger trial needed to assess scalability and detect both systems and patient-level differences



## Thank You



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